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ABSTRACT

This curriculum resource guide on alcohol and drug prevention provides suggested activities for teachers of grades 10 through 12. Three integrated learning activities for science/biology and healthful living are presented. The science/biology goal is understanding the biology of humans. Healthful living goals include analyzing drug and alcohol use in terms of need fulfillment and personal goals, demonstrating knowledge of factors affecting the health of mother and child, understanding the relationship between life style and health status, and being aware of services for drug-related problems. Each of these activities lists goals, content summary, resources, activity, and assessment. A curriculum integration activities feedback form and blank suggested activity forms are included. A summary of North Carolina laws and punishments on driving while intoxicated or under the influence of drugs is included. Information bulletins on these topics are provided: (1) the shared responsibility of drug and alcohol education; (2) alcohol; (3) amphetamines; (4) cocaine; (5) confidentiality requirements for school personnel; (6) depressants; (7) drugs and you; (8) fetal alcohol syndrome; (9) hallucinogens; (10) inhalants; (11) legal information for school personnel regarding student alcohol or drug use; (12) Lysergic Acid Diethylamide; (13) marijuana; (14) nicotine/cigarettes; and (15) steroids. (ABL)

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Alcohol and Drug Prevention Curriculum Resource Guide
Grades 10 - 12

This resource guide has been developed to provide suggested activities for teachers in grades ten through twelve. The activities have been written to address objectives from your curriculum area and from the Healthful Living Teachers Handbook. Information about alcohol and harmful drugs has been integrated to expand and enrich specific topics.

Several activities have been included in this guide for your use and for your evaluation. Please incorporate some of the activities in your lesson plans and then evaluate the activities on the sheets provided in this booklet. One composite evaluation should be submitted from each subject area by June 1, 1988.

Extra activity forms have been included for your suggestions. Please submit these with the evaluation form. Suggested activities will be reviewed for inclusion in a more comprehensive resource guide that will be distributed for the 1988-89 school year.

Many teachers have requested additional information about alcohol and harmful drugs. Some resource information has been included in this guide and it should provide curricular support for the activities.

Integrated Learning Activities
Biology/Healthful Living
Alcohol and Other Drugs

February, 1988
B-A

GOALS AND OBJECTIVES	Science/Biology Goal 6: The learner will have an understanding of the biology of humans. Healthful Living/Chemicals and Substance Abuse Goal 1: The learner will analyze drug and alcohol use in terms of need fulfillment.
CONTENT SUMMARY	Students will study the effects of several classifications of drugs (stimulants, depressants, nicotine, inhalents, alcohol and narcotics) and will be able to identify bodily functions affected by each category of drugs.
RESOURCES	Substance Abuse Resource Guide for Teachers ADD Bulletins Textbooks Resource Materials Film, "Medical Aspects I & II" (Max Schneider)
ACTIVITY	Provide instruction about drugs in several different classifications. Discuss the origin of the drugs, and the short/long term effects of the drugs. Make a chart categorizing the various drugs, identify the systems affected by each drug and list the specific effects. Discuss the effects when drugs are taken in combination. Divide the class into small groups and ask them to represent various systems of the body: the nervous system and sense organs, the endocrine system, the respiratory system, the digestive system, the circulatory system and the muscular system. Form groups in various parts of the room and ask the students to tell what would happen to each system as specific drugs are introduced. Try to sequence the effects of the drugs as much as possible. Students may want to mimic the results on the body of an active person (ex. someone driving).
ASSESSMENT	Students will be able to accurately describe/depict the results of drugs on systems of the body.

GOALS AND OBJECTIVES	Science/Biology Goal 6: The learner will have an understanding of the biology of humans. Healthful Living/Chemicals and Substance Abuse Goal 2: The learner will analyze drug and alcohol use in terms of personal goals. Healthful Living/Chronic Diseases Goal 2: The learner will understand the relationship between life style and health status.
CONTENT SUMMARY	Since 1964 when the Public Health Service published a report on smoking, a great deal of attention has been focused on the effects of tobacco. Students will compare the results of national surveys with the results from their own survey.
RESOURCES	National Reports Research Articles Textbooks
ACTIVITY	Discuss the history of tobacco use in the United States and several of the attempts to regulate the sale of tobacco products. Review two reports (1964 and 1978) published by the Public Health Service defining the harmful effects of tobacco. Analyze the studies examining the use of tobacco products and attitudes about tobacco use. Formulate a questionnaire that could be administered to a random selection* of adults asking their opinions on the use of tobacco. Include questions about health factors, risks to others, and reasons for using or not using tobacco. Tailor the questionnaire to parallel the questions on the national survey. Administer the questionnaire. Analyze the results of the survey and compare the results to the national results. Speculate on the reasons for any differences. Discuss how the growing body of medical knowledge has affected attitudes toward tobacco use. Review the most current reports on the effects of tobacco to the user and to those around him. Discuss the increase in the number of businesses banning smoking except in restricted areas. Debate the rights of the smokers and of non-smokers. *Teach students how to conduct a random sample. The instruction will also teach certain science process skills.
ASSESSMENT	Students will be able to describe the harmful effects of tobacco use.

Integrated Learning Activities
Biology/Healthful Living
Alcohol and Other Drugs

February, 1988
B-C

GOALS AND OBJECTIVES	Science/Biology Goal 6: The learner will have an understanding of the biology of humans. Healthful Living/Chemicals and Substance Abuse Goal 3: The learner will be aware of services available for drug related problems. Healthful Living/Family Life Goal 2: The learner will demonstrate knowledge of factors affecting the health of mother and child.
CONTENT SUMMARY	Alcohol is often portrayed as a drink for celebrations but it acts as a depressant on bodily functions. Students will research the effects of alcohol on the human body and analyze the impact of alcohol consumption.
RESOURCES	Healthful Living Teacher's Handbook Research Materials Textbooks ADD Bulletins
ACTIVITY	Using the textbook as a guide, discuss the effects of alcohol on bodily functions. Discuss why alcohol is classified as a depressant and how the central nervous system is impaired. Discuss how alcohol affects body organs and reduces reaction time. Formulate several questions that could serve as research topics for classroom discussion. a) What body organs are affected by alcohol consumption? Can the damage be reversed over time? b) Why is alcoholism considered a disease? c) How does alcohol affect one's ability to control an automobile? What are the statistics for fatal accidents by age, sex, and for those who have been drinking? d) What effect does alcohol have on an unborn child? e) What are the legal classifications of excessive alcohol consumption? (impaired, illegal) How do police officers determine the level of alcohol in a person's body? f) What community resources are available for a person who has a problem with alcohol? Divide the class into groups, assign research topics and have the groups present their findings to the class. As a summary, identify the dangers of alcohol.
ASSESSMENT	Students will be able to identify the dangers of alcohol to their personal health.

Curriculum Integration Activities
Feedback Form

Members of the Alcohol and Drug Defense Program (ADD) have worked with teachers and staff members from several content areas to develop integrated learning activities. We would like your feedback regarding these activities and would like to request any suggestions you might have for additional activities. If you rate any activity with a 1, 2, or 3, please include suggestions for improvement. If there are any parts of an activity that you find exceptional, please indicate these in writing. Activities are indicated by content and sequence (ex. B-A, CS-A or II-A).

		Needs Improvement				Very Good
I.	Format	1	2	3	4	5
II.	Resources					
III.	Activities					
	___- A	1	2	3	4	5
	___- B	1	2	3	4	5
	___-C	1	2	3	4	5

	Needs Improvement				Very Good
CS - D	1	2	3	4	5

IV. Evaluations

V. General Suggestions

Please return by June 1, 1988 to:

Linda Fitzharris, Curriculum Specialist
Department of Public Instruction
116 W. Edenton Street
Raleigh, North Carolina 27603-1712

Suggested Activity
Curriculum Integration
_____/Healthful Living
Alcohol and Other Drugs

Submitted By
Name_____
School_____

GOALS AND OBJECTIVES	
CONTENT SUMMARY	
RESOURCES	
ACTIVITY	
ASSESSMENT	

Suggested Activity
Curriculum Integration
_____/Healthful Living
Alcohol and Other Drugs

Submitted By
Name_____
School_____

GOALS AND OBJECTIVES	
CONTENT SUMMARY	
RESOURCES	
ACTIVITY	
ASSESSMENT	

Suggested Activity
Curriculum Integration
_____/Healthful Living
Alcohol and Other Drugs

Submitted By
Name_____
School_____

GOALS AND OBJECTIVES	
CONTENT SUMMARY	
RESOURCES	
ACTIVITY	
ASSESSMENT	

RESOURCE INFORMATION

ALCOHOL/DRUG EDUCATION FOR DRIVER EDUCATION

Printed and Distributed by the

North Carolina Department of Public Instruction

In Cooperation with the

Governor's Highway Safety Program

Funds Provided by

National Highway Traffic Safety Administration

of the United States Department of Transportation

I. DEFINITION OF TERMS

A. *Public Vehicular Area*

These areas generally include roadways, and parking lots open to and used by the public.

B. *Operator/Driver*

A person in actual physical control of a vehicle in motion in which has the engine running.

C. *Vehicle*

Every device in, upon, or by which any person or property is or may be transported or drawn upon a highway, excepting devices moved by human power or used exclusively upon fixed rails or tracks, provided, that for purposes of this Chapter, bicycles shall be deemed vehicles, and every rider of a bicycle upon a highway shall be subject to the provisions of this Chapter applicable to the driver of a vehicle, except those which by their nature can have no application.

D. *Highway/Street*

The entire width between property or right-of-way lines of every way or place of whatever nature, when any part thereof is open to the public as a matter of right for the purposes of vehicular two terms shall be used synonymously.

II. DRIVER'S LICENSE A "CONDITIONAL PRIVILEGE"

A. The operation of a motor vehicle on a public highway is not a natural right. It is a *conditional privilege* which the State in the interest of public safety acting under its police power may regulate or control, and the State may suspend or revoke the driver's license. (Shue v. Scheidt, 252 N. C. 561, 114 S. E. 2nd 237 (1960)).

III. IMPLIED CONSENT LAW (G. S. 20-16.2)

A. Any person who drives a vehicle on a highway or public vehicular area thereby gives consent, to a chemical analysis of his breath or blood for the purpose of determining the alcoholic content of his blood if arrested for any offense arising out of acts alleged to have been committed while the person was driving or operating a motor vehicle while under the influence of intoxicating liquor. The test or tests shall be administered at the request of a law-enforcement officer having REASONABLE GROUNDS to believe the person to have been driving or operating a motor vehicle on a highway or public vehicular area while under the influence of intoxicating liquor.

the law-enforcement officer shall designate which of the aforesaid tests shall be administered.

B. Any person who is unconscious or who is otherwise in a condition rendering him incapable of refusal shall be deemed NOT to have withdrawn the consent, and the test or tests may be administered.

C. Administration of the breathalyzer test is *not* dependent upon the *legality* of the arrest but hinges solely upon the law-enforcement officer *having reasonable grounds to believe* the person to have been driving or operating a motor vehicle on a highway or public vehicular area while under the influence of intoxicating liquor. (State v. Eubanks, 238 N. C. 556, 196 S. E. ed. 706 (1973)).

D. *Failure* by officers to advise defendant of his right to refuse to take a breathalyzer test does not render the result of the test inadmissable in evidence, defendant having impliedly consented to the test by virtue of driving an automobile on the public highways of the State, and the test having been administered after arrest and without the use of force or violence (State v. McCabe, 1 N. C. App. 237 161 S. E. 2nd 42 (1968)).

E. The full impact of this section requires an operator of a motor vehicle who has been charged with the offense of driving under the influence of intoxicating liquor, to take a breathalyzer test, which means the person to be tested must follow the instructions of the breathalyzer operator. A failure to follow such instructions provides an adequate basis for the trial court to conclude the petitioner willfully refused to take a chemical test of breath in violation of law (Bell v. Powell, 41 N. C. App. 131, 254 S. E. 2nd 191 (1979)).

IV. SAFE ROADS ACT

This act, effective October 1, 1983, repeals the present laws on drunk driving in North Carolina and replaces them with the single offense of "driving while impaired-DWI."

DWI can be proven in one of two ways:

- By proving the driver's physical or mental faculties are appreciably impaired by alcohol, drugs, or a combination of both; or
- By proving the driver's alcohol concentration (AC) is 0.10 or more at any relevant time after driving.

PLEA BARGAINING

If a person is charged with DWI, the charge cannot be reduced to a lesser included offense.

Automatic 10-Day Revocation

A driver charged with DWI who refuses to be tested or who has an alcohol concentration of 0.10 faces an automatic and immediate 10-day revocation of his license. He may not obtain a limited driving privilege for this period.

Sentencing Hearing

After a DWI conviction, the trial judge must hold a sentencing hearing to determine punishment. The new law establishes five (5) levels of punishment determined by evidence of grossly aggravating, aggravating, and mitigating factors.

Grossly Aggravating Factors Are:

- One or more convictions for an impaired driving offense within 7 years;
- Driving while license is revoked under an impaired driving revocation;
- Serious injury to another caused by defendant's impaired driving.

Aggravating Factors Are:

- Gross impairment or an alcohol concentration of 0.20 or more;
- Especially reckless driving;
- Negligent driving leading to an accident causing over $500 damage or personal injury;
- Driving while license revoked;
- Two or more prior convictions of a non-impaired driving offense carrying 3 driver's license points within 5 years, or one or more prior convictions of an impaired driving offense more than 7 years old;
- Conviction of speeding to elude arrest;
- Conviction of speeding more than 30 mph over the posted limit;
- Passing a stopped school bus;
- Any other aggravating factor.

Mitigating Factors Are:

- Slight impairment, solely from alcohol, with an AC not exceeding 0.11;
- Slight impairment, solely from alcohol, and no chemical test available to the defendant;

- Safe driving record-no serious traffic violations within 5 years of the offense;

- Impairment primarily from lawfully prescribed drug;

- Voluntary submission for assessment and treatment before trial;

- Any other mitigating factor.

Levels of Punishment

Where grossly aggravating factors are present:

Level 1:

If two or more impaired driving offenses within 7 years, or any other two grossly aggravating factors are present, punishment is a mandatory minimum of 14 days and up to 2 years in jail. A fine of up to $2,000 may be imposed.

Level 2:

If one grossly aggravating factor is present, punishment is a mandatory minimum of 7 days and up to 1 year in jail. A fine of $1,000 may be imposed.

Where no grossly aggravating factors are present:

Level 3:

If aggravating factors outweigh mitigating factors, punishment is a minimum of 72 hours in jail, or 72 hours of community service, or a 90-day revocation of driving privileges, or any combination of the three. A fine of up to $500 may be imposed.

Level 4:

If neither set of factors outweighs the other, punishment is 48 hours in jail, or 48 hours of community service, or a 60-day revocation of driving privileges, or any combination of the three. A fine of up to $250 may be imposed.

Level 5:

If mitigating factors outweigh aggravating factors, punishment is 24 hours in jail, or 24 hours of community service, or a 30-day loss of driving privileges, or any combination of the three. A fine of up to $100 may be imposed.

- Conditions of probation

$100 fee charge for Alcohol School or Community Service.

A 47

Drinking Age

The law raises the age to buy and possess beer and unfortified wine to 19. The legal age to buy or possess fortified wine or spirituous liquor remains 21.

Youthful Offender

If a provisional licensee (16 or 17) is convicted of DWI, or refuses to submit to chemical analysis, or is caught driving with any amount in his body or controlled substance in his blood (excluding lawful dosage of controlled substance) his license will be revoked until he is 18, or for 45 days, whichever is longer.

The statute provides a one-year license revocation if:

- o an underage person attempts to purchase or purchases an alcoholic beverage.
- o an underage person aids or abets another underage person to attempt to purchase or purchase an alcoholic beverage.
- o an underage person attempts to purchase, purchases, or possesses alcoholic beverages by using or attempting to use a fraudulent driver's license or other I. D.

Other Offender

The statute provides a one-year license revocation if any other person lends his driver's license or any other I. D. for the purpose of illegal purchase of alcohol.

Limited Driving Privileges

Limited driving privileges (LDP) after conviction of a DWI offense have been curtailed severely. LDP is only available under non-grossly aggravating punishment levels. In some instances, a person must complete a period of court-ordered non-operation prior to obtaining LDP. The privilege extends only to driving for employment, education, treatment, community service, household maintenance, and emergency health needs.

Roadblocks

Law enforcement agencies may set up roadblocks to check for impaired drivers.

Preventive Detention

Magistrates must order a person charged with DWI and who is dangerously impaired held until the person is no longer impaired or until a responsible, sober adult will take responsibility for him. In no event may he be held longer than 24 hours.

Implied Consent

A person charged with DWI may be asked to submit to a chemical test of his blood or breath. Willful refusal to take the test carries a 12-month license revocation. A limited driving privilege may be available the last six months of this period.

Drinking and Opened Containers

A driver may not consume any alcoholic beverages, including beer or unfortified wine, while driving. A driver may not transport open containers of fortified wine or spirited liquors in the passenger area of the vehicle.

Forfeiture

Any person convicted of an impaired driving offense while his license is revoked for an earlier impaired driving offense could forfeit his vehicle. The statute protects innocent third parties.

Problem Drinkers

In almost all cases, a person convicted of driving with an AC level of 0.20 or more, or who is arrested for a second or subsequent offense within 5 years, will be required to undergo a substance abuse assessment.

ADETS Revocation

A person assigned to an Alcohol Drug Education Traffic School who willfully fails to complete the program sucessfully will have his license revoked for 12 months.

Dram Shop

- Negligent sale of beer, wine or liquor to an underage person may subject the seller to civil liability if the minor then consumes the beverage and as a result of consuming that beverage has an accident while impaired. There is a $500,000 limit on the amount that can be collected, and proof of good pratices (such as checking ID's) may help prevent the imposition of liability.

- The ABC Board must suspend the seller's ABC permit until the judgement is paid.

- There is no liability for refusing to sell to or serve a customer who cannot produce a valid I. D.

- A seller may hold a person's I. D. for a reasonable time to check its validity if the seller tells the person why it is being held.

Know Your Limit

Driving after excessive drinking is dangerous and punishable by law. So, if you do drink and drive, find your own personal limit and stay within it.

Add Bulletin

Alcohol and Drug Defense Program

North Carolina Department of Public Instruction

Drug and Alcohol Education:
A Shared Responsibility

A recent survey of seventh through twelfth graders in North Carolina, conducted by the staff of the Alcohol and Drug Defense Program, indicated that many students are experimenting with alcohol and a variety of other drugs. In these grade levels, alcohol was the most widely used drug (59.6%); however, other drugs such as tobacco, marijuana and inhalants were also used by more than twenty per cent of the student body. The effects of drugs on student behavior are seen in many middle and high schools throughout the nation. Students experimenting with drugs often have difficulty achieving in academic settings and may become part of the group labeled as "at-risk."

Educators have an opportunity and a responsibility to implement programs that not only provide information about a variety of drugs but also develop the social skills necessary to make sound decisions. These skills are effectively acquired in a sequential and developmental K-12 curriculum and reinforced in a variety of subject areas. A K-12 curriculum has been developed and is contained in the Healthful Living Teacher Handbook under the instructional areas of "Chemicals and Substance Abuse," "Mental Health," and "Consumer Health." Many of the objectives listed under these areas may be used to reinforce, expand and enhance other content areas because the integration of several subject areas provides a very rich and meaningful curriculum. It may be helpful for teachers from all subject areas to review the objectives for their specific grade levels contained in the Healthful Living Teacher Handbook and identify appropriate topics or skill areas. For example, an American History teacher might include an objective from the mental health section that addresses values as standards of behavior. Values about alcohol and drugs could be explored from the vantage point of economics or from the perspective of government regulation. Teachers of communication skills have many rich topics for discussions, writing assignments and debates. For example, a well-prepared debate about banning smoking on short or long air flights would not only provide a great deal of information but would allow students an opportunity to analyze a current topic of public concern. Teachers of science, driver's education, psychology, and other subject areas will also find meaningful topics for their specific areas.

There are many ways to provide for integration and teachers may want to brainstorm ideas with others on their grade level. One approach might be to list major topics from a specific subject area and review the grade level objectives from the Healthful Living Teacher Handbook. Teachers could identify complimentary areas, topics or objectives and discuss activities, materials and other resources that would be appropriate.

For more information, contact your regional Alcohol and Drug Defense consultant at the following locations:

Region 1, P.O. Box 1028
Williamston 27892
(919) 792-5166

Region 2, 612 College Street
Jacksonville 28540
(919) 455-8100

Region 3, 2431 Crabtree Blvd.
Raleigh 27604
(919) 733-2864

Region 4, P.O. Box 786
Carthage 28327
(919) 947-5871

Region 5, P.O. Box 21889
Greensboro 27420-1889
(919) 334-5764

Region 6, 2400 Hildebrand Street
Charlotte 28216
(704) 392-0378

Region 7, 303 E. Street
North Wilkesboro 28659
(919) 667-2191

Region 8, 514 E. Marshall St.
Waynesville 28786
(704) 452-0363

State Office: Alcohol and Drug Defense Program, North Carolina Department of Public Instruction, Education Annex II, Raleigh, NC 27603-1712 (919) 733-6615

Add Bulletin

Alcohol and Drug Defense Program

North Carolina Department of Public Instruction

Fetal Alcohol Syndrome

The fetal alcohol syndrome (FAS) is a pattern of mental, physical and behavioral defects that may occur in the unborn child when its mother drinks during pregnancy. Thus, alcohol can be classified as a teratogenic drug, meaning that prenatal exposure can cause adverse effects to the offspring.

When a pregnant woman drinks, the alcohol travels across the placenta and through the baby's bloodstream in the same concentrations as it does through the mother's. A developing fetus' liver is only half as effective at burning off alcohol as the adult liver, so the alcohol remains in the fetus' system longer.

It is not clear at this time how much alcohol intake produces FAS. The full syndrome has been clearly linked to heavy drinking (6 drinks a day on an average). Mothers who drink relatively moderate amounts of alcohol (1-4 drinks a day on an average) may increase the risk of miscarriage, lowered birth weight, unusual physical development, lowered I.Q., and central nervous system damage.

The average daily consumption of small amounts of alcohol may not be as important as the effects of binge drinking because FAS is produced when there is a high blood alcohol level during critical times of fetal development, especially in the early stages.

Just as there appears to be no clearly defined safe dosage level, there appears to be no time that it is safe to drink during pregnancy. Organ damage may be caused during the first trimester; increased risk of miscarriage occurs during the second trimester; and alcohol may interfere with the fetus' rapid growth, especially in the brain during the third trimester. For these reasons, the following recommendations regarding drinking during pregnancy have been made:

—The National Council on Alcoholism and the National Foundation — March of Dimes advocate that pregnant women not drink at all.

—The U.S. Surgeon General recommends that pregnant women and women who want to become pregnant, refrain completely from drinking alcoholic beverages.

Mothers are also encouraged not to drink while breast-feeding because alcohol readily enters breast milk and is transmitted to the nursing infant.

Fetal Alcohol Syndrome is characterized by mental, physical, and behavioral defects. The physical congential birth defects include:

—low birth weight, inability to catch up throughout developmental period;

—facial malformations: small head circumference, misshapen eyes, sunken nasal bridge, flattened midface;

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Alcohol and drug education is everyone's responsibility. The curriculum is broad and encompasses content as well as the social skill development necessary to solve problems and make sound decisions. The knowledge base and the social skills take many years to develop. They are most effectively taught through a cooperative effort, and the results last a lifetime.

Contact your regional ADD Consultant for more information regarding the implementation of a comprehensive curriculum in your school.

Alcohol and Drug Defense Program

Bulletin

North Carolina Department of Public Instruction

Alcohol

In the United States more than 100 million adults drink alcohol. The average age that one first tries alcohol is 12, and many Americans have their first drink earlier while still in elementary school. Most drinkers are able to control their use of alcohol; however, 10 to 13 million adults are problem drinkers. Alcohol use can lead to serious physical, emotional, and mental problems. It can damage a persons's family life, school and professional career.

Alcohol depresses, or slows the nervous system and dulls the brain and senses. Like food, alcohol is used by the body. It is combined with oxygen to give off energy, but unlike food, alcohol does not have to be digested. It passes directly through the walls of the stomach and small intestine and enters the bloodstream, where the blood carries the alcohol to the brain, heart, liver and all other parts of the body. Drinking a small amount of alcohol relaxes the body and produces a sense of well-being; however, as the alcohol level rises, the body functions rapidly become depressed.

Alcohol begins to affect the higher centers of the brain almost as soon as it is consumed. These centers control a person's ability to think, speak, reason, concentrate, remember, make judgements, and maintain control over moods and behavior. These centers also control a person's ability to perform certain physical tasks and to react quickly to stimulation. Alcohol dims and blurs vision; affects a person's hearing; and affects the senses of smell, touch and taste. Because alcohol affects physical performance, driving and drinking is particularly dangerous. In fact, almost 10,000 young people under the age of 25 die each year in alcohol-related traffic accidents.

Alcohol irritates and inflames parts of the digestive system, and for heavy drinkers, alcohol may contribute to cancer of the mouth, throat and esophagus. Alcohol also has damaging effects on the liver, kidneys, heart and unborn children whose mothers drink. Alcohol should never be mixed with other depressive drugs. The combination can be lethal.

Alcohol is the most widely used mind-altering drug among teenagers, and is responsible for thousands of teenage suicides, drownings and homicides. Teenage boys seem to drink more heavily than girls; however, drinking among teenage girls is increasing. The National Institute on Alcohol Abuse and Alcoholism states that about 3.3 million teenagers aged 14 to 17 show signs that may lead to the development of alcoholism, and that many teenagers have alcohol-related family, legal and school problems. It may take years of steady drinking for an adult to become an alcoholic; however, it may only take months for a teenager to develop alcoholism.

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State Office: Alcohol and Drug Defense Program, North Carolina Department of Public Instruction, Education Annex II, Raleigh, NC 27603-1712 (919) 733-6615

While alcohol is legal for use by those over the age of 21, it is still America's most abused drug. The problems other drugs cause society pale in comparison to the problems caused by alcohol. Alcohol is also the drug most often abused by young people under the legal drinking age. If you would like more information or training about alcohol abuse, contact your regional ADD Consultant or call the ADD office in Raleigh at (919) 733-6615.

Don Williams
N. C. A&T University
Greensboro, North Carolina

Ad Bulletin

Alcohol and Drug Defense Program

North Carolina Department of Public Instruction

AMPHETAMINES

Last year, the second bulletin addressed the issue of cocaine/crack. With all of the recent attention on crack, you may want to review that publication again. Our second report this year is on the general area of stimulant drugs, of which cocaine is one example.

Amphetamines include three closely related drugs — amphetamine, dextroamphetamine, and methamphetamine. Amphetamine was first used clinically in the mid-1930's to treat narcolepsy, a rare disorder resulting in an uncontrollable desire for sleep. Amphetamines were sold without prescription for a time in inhalers and over-the-counter preparations. Abuse of the inhalers became popular among teenagers and prisoners. In the late 60's and early 70's housewives, students, and truck drivers were among those who used amphetamines orally in excessive amounts. Clandestine laboratories produced vast quantities of amphetamines for what was known in the drug culture as "speed freaks". These individuals injected the drug and were known for their bizarre and violent behavior. Recognition of the deleterious effects of amphetamines and the limited therapeutic value has led to a marked reduction in their use by the medical profession. The medical use is now limited to treatments of narcolepsy, minimal brain dysfunction (MBD) in children, and for short-term treatment of obesity. Despite broad recognition of the risks, clandestine laboratories produce vast quantities of amphetamines, particularly methamphetamines, for distribution on the illicit market. This clandestinally produced amphetamine is sold as a white or beige powder and is usually intravenously injected by users. It is referred to on the streets by the slang name "crank". Whereas a prescribed dose might be between 2.5 and 15 mg. per day, those on a "crank" binge have been known to inject as much as 1,000 mg. every two or three hours.

Amphetamines increase heart and breathing rates and blood pressure, dilate pupils, and decrease appetite. In addition, the user can experience a dry mouth, sweating, headache, blurred vision, dizziness, sleeplessness, and anxiety. Extremely high doses can cause people to flush or become pale; they can cause a rapid or irregular heart beat, tremors, loss of coordination, and even physical collapse. An amphetamine injection creates a sudden increase in blood pressure that can cause death from stroke, very high fever, or heart failure.

People who use large amounts of amphetamines over a long period of time can develop an amphetamine psychosis: seeing, hearing, and feeling things that do not exist (hallucinations), having irrational thoughts or beliefs (delusions), and feeling as though people are out to get them (paranoia). People in this extremely suspicious state frequently exhibit violent behavior. Persons abusing amphetamines are considered by law enforcement to be the most potentially dangerous of any other drug abusers.

Many users of amphetamines report a psychological dependence, a feeling that the drug is essential to their normal functioning. These users continue to use amphetamines to avoid the "down" mood they get when the drugs' effects wear off. In addition, people who use amphetamines regularly may develop tolerance — the need to take larger doses to get the same initial effects.

For more information, contact your regional Alcohol and Drug Defense consultant at the following locations:

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Region 2, 612 College Street
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Region 4, P.O. Box 786
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Greensboro 27420-1889
(919) 334-5764

Region 6, 2400 Hildebrand Street
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As is the case with sedatives-hypnotics in North Carolina, there are many "look-alike" stimulants. These are drugs manufactured to look like real amphetamines and mimic their effects. The drugs usually contain varying amounts of caffeine, ephedrine, and phenylpropanolamine. These three legal substances are stimulants and are often found in over-the-counter preparations, such as diet pills and decongestants. Some negative effects of look-alikes, especially when taken in large quantities, are similar to the effects of amphetamines. These effects include anxiety, restlessness, weakness, throbbing headache, difficulty breathing and a rapid heartbeat. There have been several reports of severe high blood pressure, leading to cerebral hemorrhaging and death. One of the greatest dangers is that these drugs are easily available and are being used by young people and others who do not normally abuse drugs. Once people start using these drugs, they may be at high risk for using other drugs.

The Physicians Desk Reference (PDR), a book with extensive information regarding prescribed drugs, is useful in identifying tablets and capsules. Whenever there is any question as to the drug, local police authorities or the State Bureau of Investigation should be consulted. Sale of amphetamines is a felony punishable by not more than ten years imprisonment or a fine or both at the discretion of the court. Possession is a misdemeanor punishable by not more than two years imprisonment or fined not more than two thousand dollars or both at the discretion of the court.

Supervisor C. J. Overton, III
N.C. State Bureau of Investigation

For more information or help with prevention, identification, and intervention services, contact the Alcohol and Drug Defense Program.

ADD Bulletin

Alcohol and Drug Defense Program

North Carolina Department of Public Instruction

Cocaine

The biggest concern regarding drug use in 1985 is the increasing use of cocaine by young people. In an attempt to provide factual information to you, this ADD bulletin on cocaine was prepared by the State Bureau of Investigation.

Cocaine, the most potent stimulant of natural origin is extracted from the leaves of the Coca plant which is cultivated in the Andean highlands of South America.

The illicit cocaine is then smuggled into the United States by air and sea. Cocaine is distributed as a white crystalline powder. It is most commonly administered by "snorting" through the nasal passages. Symptoms of repeated use in this manner may resemble the congested nose of a common cold. Recurrent users often resort to larger doses at shorter intervals until their lives are taken over by their habit. Anxiety, restlessness, and extreme irritability may indicate the onset of a toxic psychosis similar to paranoid schizophrenia. At one time cocaine was not believed to be addictive and was viewed as a "recreational drug". It is now believed by many doctors to be physically addicting and is definitely one of the most psychologically addicting drugs known to man. In laboratory experiments it is the only drug that has been found laboratory animals will choose over either food or sex. Because of its availability and potential for abuse it is the most dangerous illicit drug on the streets of North Carolina.

North Carolina first experienced large volumes of cocaine trafficking in the late 1970's. It has been rapidly escalating and in 1985 cocaine usage reached epidemic proportions in North Carolina. The number of cocaine overdose deaths has increased dramatically over the last two years.

Cocaine abuse appears in all segments of society. Almost daily the media recounts problems that businessmen, athletes, attorneys, theater people and other professionals are experiencing with cocaine habits. Our children are becoming exposed to cocaine in abundant supplies in our high schools throughout North Carolina. Many productive lives are being destroyed by cocaine habits which are so expensive to maintain that only by engaging in a crime can a person keep up their habit.

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Recently a new form of cocaine abuse has appeared in our northern cities and we anticipate it becoming a problem in North Carolina. Street level cocaine is being converted to a base form and is being sold at a price range of from $5. to $20. per vial depending upon the quantity. Known as "crack" this new form of cocaine seems to target adolescents as its victims. "Crack" reportedly has a strong and euphoric effect upon its users. When the substance is inhaled with marihuana or tobacco the "rush" is said to last from five to twenty minutes. Its use is frequently accompanied by hyperactive and potentially violent behavior. Adolescents who have been introduced to smoking "crack" often feel a powerful drive to repeat the experience and develop an obsession with the drug within one or two months. The amount and frequency of use escalates. Many were smoking it daily and resorted to stealing from parents and friends or to dealing drugs to afford the cost of their own habit. Within three to five months of starting "crack" these adolescents were suffering from a wide variety of drug-induced symptoms, including rapid weight loss coupled with extreme depression, dysphoria, school absences, chest congestion with gray or black sputum, chronic coughing, sore throat, hoarseness, and parched tongue and lips.

C. J. Overton, III
N.C. State Bureau of Investigation

If you want some special assistance with this growing problem, please call upon us. The ADD Program is available to provide consultation and training in the areas of prevention, early identification, and intervention services.

Add Bulletin

Alcohol and Drug Defense Program

North Carolina Department of Public Instruction

Confidentiality Requirements for School Personnel

Confidentiality requirements as they relate to school personnel and student alcohol and drug use are complex. However the complexity of these issues should not keep school personnel from acting in the behalf of students with problems. Existing laws *do* provide guidelines, that if followed, should protect school personnel from libel suits and most importantly, assist students in need.

TREATMENT vs. EDUCATION

There are stringent Federal laws that protect a person *in treatment* for alcohol and drug problems from unauthorized disclosure of information without informed consent. The laws apply only after a person is diagnosed as having an alcohol or drug problem and is admitted to treatment. The school is not a treatment agency and therefore does not fall under these Federal guidelines. The school is an educational institution and the services it provides are primarily educational in nature. However, when a student enters a treatment program, the guidelines apply. If the school has any reasons to maintain treatment records, these records should not be filed with the general educational records. It is important that schools distinguish between educational and treatment records.

ASSISTING STUDENTS WITH PROBLEMS

If a student seeks help with an alcohol or other drug problem, the following general guidelines should apply. The staff member contacted by the student should protect the confidentiality of the student by restricting discussion of the case to *only those who have "a need to know" about the case in order to assist the student.* The staff member may seek advice from the school couselor. The school counselor may contact the Alcohol and Drug Defense Program (ADD) consultant for help in planning services for the student if he/she is unfamiliar with local resources. The ADD consultant does not need to know the identity of the student, only the particulars of the case. In this manner, the student's confidentiality is protected. The ADD consultant is thoroughly familiar with all the alcohol and drug resources in the region and will be a valuable resource in helping plan appropriate services. The student should be advised about services that are available and urged to seek help. Parental involvement should be encouraged, but parents or individuals other than the ADD consultant and the school counselor *should not be notified without the written consent of the student.* North Carolina Law 90-21.5 provides that minors may seek treatment for abuse of controlled substances or alcohol without parental consent.

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POSSESSION OR USE BY STUDENTS

In situations involving actual use or possession by students, the same general guidelines apply. Knowledge of the situation should be restricted to only those with the need to know. In cases of use or possession, information should be limited to the student, staff member, counselor, principal and superintendent. The ADD consultant should be contacted if there is a question about procedure. Whether law enforcement and parents are involved depends on the particulars of each case.

POLICIES AND PROCEDURES

Fear of liability is no excuse for not assisting a student in need. All staff should be educated about their rights and responsibilities in alcohol and drug use situations. The best method of assisting students and protecting school staff is to have written policies and procedures that detail how alcohol and drug problems are to be addressed. If you would like to have more information about model policies and procedures or would like professional assistance in reviewing your current policies, please contact your ADD consultant.

Alcohol and Drug Defense Program

Add Bulletin

North Carolina Department of Public Instruction

DEPRESSANTS (Sedatives-Hypnotics)

Sedative-hypnotics are drugs which depress or slow down the body's normal functions. Taken as prescribed by a physician they may be helpful for the relief of anxiety, emotional tension and to induce sleep in instances of insomnia. The two major categories of sedative-hypnotics are barbiturates and benzodiazepines. Secobarbital (Seconal) and Pentobarbital (Nembutal) are well-known barbiturates. Diazepam (Valium) and Chlordiazepoxide (Librium) are examples of benzodiazepines. A few sedative-hypnotics do not fit in either category. They include methaqualone (Quaalude), ethchlorvynol (Placidyl), chloral hydrate (Noctes) and meprobamate (Equanil). All of these drugs can be extremely dangerous when they are not taken according to a physician's instructions.

Sedative-hypnotics can cause both physical and psychological dependence. Tolerance to the intoxicating effects develops rapidly, leading to a progressive narrowing of the margin of safety between an intoxicating and lethal dose. The abrupt cessation of large doses of these drugs may result in physical withdrawal symptoms ranging from restlessness, insomnia and anxiety, to convulsions and death.

The use of alcohol in conjunction with sedative-hypnotics multiplies the effects of the drugs and greatly increases the risk of death. Overdose deaths can occur when barbiturates and alcohol are used together, either deliberately or accidentally. Barbiturate overdose is a factor in nearly one-third of all reported drug-related deaths.

Sedative-hypnotics get in the hand of the abuser in many different ways. Some of the more common are: (1) through physicians who write prescriptions for money or other favors without regard to medical necessity (script doctors); (2) persons who use an existing medical condition or fake a condition to trick the physician into writing a prescription for a specific drug (doctor shopping); (3) prescription forgeries; (4) drug store robberies; and (5) by stealing legitimately prescribed drugs (i.e. children taking drugs from their parents' medicine cabinets).

In North Carolina there are also many different types of sedative-hypnotic "look-alikes". These are pills manufactured to look like real sedative-hypnotics and mimic their effects. They usually contain over-the-counter drugs such as antihistamines and decongestants, which tend to cause drowsiness. The negative effects can include nausea, stomach cramps, lack of coordination, temporary memory loss, becoming out of touch with surroundings, and anxious behavior.

A sedative-hypnotic user will display behavior similar to someone under the influence of alcohol. Small amounts produce calmness and relaxed muscles. Somewhat larger doses can cause slurred speech, staggering gait, poor judgement, and slow uncertain reflexes. These effects make it dangerous to drive a car or operate machinery.

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The Physicians Desk Reference (PDR), a book with extensive information regarding prescribed drugs, is useful in identifying tablets and capsules. Whenever there is any question as to the drug, a pharmacist, local police authorities, the local drug treatment program, or the State Bureau of Investigation should be consulted. Sale of sedative-hypnotics is a felony punishable by not more than five (5) years imprisonment or a fine or both at the discretion of the court. Possession is a misdemeanor punishable by not more than two years imprisonment or fined not more than two thousand dollars or both at the discretion of the court.

Supervisor C. J. Overton, III
N.C. State Bureau of Investigation

School age children are often users of "look-alike" drugs that produce the symptoms described above. Contact your ADD Consultant for more information or help.

Add Bulletin

Alcohol and Drug Defense Program

North Carolina Department of Public Instruction

Drugs and You

Everyone knows that the drug problem is serious. It is not the kind of problem that can be easily eradicated. The reasons for drug use are extremely complex and the ways to prevent abuse or to intervene with youth who are in trouble is often perplexing and confusing.

We know that if we don't do something, the risks for our children increase. Drug use is killing our children. Motorvehicle accidents involving alcohol are the leading cause of death for those in the 15-19 age group. The use of illegal drugs has steadily continued with a recent increase in the use of cocaine by young people.

Most adults (parents or professionals) know very little about drug use. The fact that our children (users and non-users) do know a lot often keeps us from discussing the concerns that we have. Consequently, adults need to learn about drugs, adolescent development, ways to build trust, etc. Children want to talk to adults about life. They need to trust, and they need to have a clear framework within which to live. There are a number of critical early warning signs that adults should look for with youth. These should not be used to accuse, but should be viewed as possible indicators of problems.

- Low Self-Esteem
- Abrupt Change in Behavior
- Personality Changes—Temper Outbursts
- Other Kids Talking About a Friend's Use
- Decreased Interest in School, Hobbies
- Building Life Around Drug Use
- Arguments with Family, Friends
- Change of Peer Group/Friends
- Alcohol/Drug Arrest
- Lying
- Minor Accidents
- Sleeping in Class
- Falling Grades
- Withdrawal
- Tardiness/Truancy
- Alibis
- Alcohol on Breath

If any combination of these symptoms occurs, it is time for a concerned talk with the child. Parents can consult with school personnel for help and vice-versa. The earlier a child can be reached, the more effective the intervention and subsequent resolution of problems. Drug abuse is a *primary* problem. It will *not* go away *without* help.

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If you, your neighbors, your church group, etc. want to learn more about how you can get involved to prevent drug abuse or to intervene in already existing situations, you need to call your child's teacher, principal, local substance abuse agency, minister, etc.

The Alcohol and Drug Defense Program is working to help school professionals address the drug problem. If we can be of help, call the office nearest you. Drug abuse is a big problem. We cannot reduce the consequences of drugs without you. Please get involved today.

—CNS dysfunction, alcohol withdrawal symptoms at birth, poor sucking response, sleep disturbances, irritability, short attention span and hyperactivity;

—malformations in major organs, muscle problems, joint and skeletal defects, genital defects and kidney abnormalities.

The occurrence of mental handicaps is another debilitating aspect of FAS. FAS is the third leading recognizable cause of mental retardation in the United States. Research indicates that in general, the most severely affected children with FAS have the lowest intelligence.

Behavioral defects in children born with FAS include: head and body rocking, stereotyped behaviors, clumsiness, difficulty with peers, and management problems.

Prenatal alcohol exposure produces a spectrum of offspring effects. Children born to alcoholic mothers can have a range of alcohol-related effects. If a child exhibits some, but not all of the symptoms, he is generally referred to as having "fetal alcohol effects."

A child exhibiting "fetal alcohol effects" may fall within the normal range of intelligence. However, the child could manifest a variety of maladaptive behaviors and subtle CNS effects, including learning disabilities, speech and language problems, hyperactivity, and attentional problems.

Prevention strategies for eliminating FAS include: mass media campaigns, consultation and intervention by health care providers, and community-based education programs. It has been suggested that FAS education begin as early as elementary school and continue through college. Such an approach would insure that young girls would have the vital information needed at an age when their attitudes toward alcohol were forming.

For more information on Fetal Alcohol Syndrome, contact your Regional ADD Contact, your local Mental Health Center or call the ADD Raleigh office at 733-6615.

Please share this bulletin with parents

Add Bulletin

Alcohol and Drug Defense Program

North Carolina Department of Public Instruction

Hallucinogens

Hallucinogenic drugs, both natural and synthetic, are substances that distort the perception of objective reality. In an earlier bulletin, we discussed the powerful hallucinogen LSD. In this issue we will discuss other hallucinogens that may be encountered in North Carolina.

The primary active ingredient of the Peyote Cactus is the hallucinogen, Mescaline. It is derived from the fleshy parts or buttons of this plant. The buttons are approximately the size of a large marble and are usually brown in color. From the earliest recorded time, Peyote has been used by Indians in Northern Mexico as a part of traditional religious rites. Unsually ground into a powder, Peyote is taken orally. Mescaline can also be produced synthetically. A dose of 350 to 500 mg of Mescaline produces illusions and hallucinations lasting from 5 to 12 hours.

Many chemical variations of Mescaline and Amphetamine have been synthesized in the laboratory. At various times many of these variations have won acceptance in the drug culture. Two of the most abused in North Carolina are MDA (3, 4-methylenedioxyamphetamine and MMDA (3-methoxy 4, 5-methylenedioxyamphetamine). They are usually found as a white to tan powder and may be taken orally, "snorted,"or intravenously. Because they are produced in clandestine laboratories, they are seldom pure and the doses may be expected to vary considerably.

Like the Peyote Cactus, Psilocybin mushrooms have been used for centuries in traditional Indian rites. When they are eaten, these mushrooms affect mood and perception in a manner similar to Mescaline and LSD. Their active ingredients, Psilocybin and Psilocyn, are chemically related to LSD. The mushrooms are dark brown in color.

Many drug-treatment professionals consider Phencyclidine (PCP) to pose greater risks to the user than any other illegal drug. Although PCP is not a true hallucinogen, it is usually placed in this class because it sometimes causes hallucinations. PCP is most often called "Angel Dust." It was first developed as an anesthetic in the 1950's but was soon taken off the market for human use because of its side effects of confusion and delirium. In the 1960's it became available fou use in veterinary medicine. In the late 1970's, commercial production of Phencyclidine was halted. All Phencyclidine on the U.S. illicit market is now produced in clandestine laboratories.

PCP is available in a number of forms. It can be a pure, white crystal-like powder, a tablet, or a capsule. It can be swallowed, smoked, sniffed or injected. PCP is sometimes sprinkled on marijuana or parsley and smoked. It is often sold as Mescaline, THC, or other drugs. Sometimes it may not even be PCP, but a lethal by-product of the drug. Since it is manufactured illegally, users can never be sure what they are buying.

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PCP can produce violent or bizarre behavior. This behavior can lead to death from drownings, burns, falls and automobile accidents. Regular PCP use affects memory, perception, concentration, and judgement. Users may show signs of paranoia, fearfulness and anxiety. During these times, some users may become aggressive while others may withdraw and have difficulty communicating. Long-term PCP users report memory and speech difficulties, as well as hearing voices or sounds which do not exist.

The physical effects of PCP depend on how much is taken, the way it is used, and the individual taking the drug. Effects include increased heart rate and blood pressure, flushing, sweating, dizziness, and numbness. When large amounts of PCP are taken, it can also cause death from repeated convulsions, heart and lung failure, or ruptured blood vessels in the brain.

In North Carolina possession of any of these drugs is a felony, punishable by up to five years in prison. Conviction of a felony prohibits an individual from exercising his/her right to vote and from pursuing many careers.

Supervisor C.J. Overton, III
NC State Bureau of Investigation

Drug use continues to be a major problem among school-age youth. Contact the ADD Program for help in expanding your prevention and intervention efforts, or if you need more specific information.

Ad Bulletin

Alcohol and Drug Defense Program

North Carolina Department of Public Instruction

Inhalants

One of the continued drug problems among adolescents has been the abuse of a very dangerous group of chemicals. The following information has been provided by one of our nation's leading pharmacologists.

In a complex highly technical society such as ours, there is easy availability of substances to alter our mood. With most chemicals of abuse, we have developed some level of control over their availability. However, when one wants to experience a high — no matter the consequences — industrial chemicals, fuels, and cleaning solutions are easily accessible. These chemicals are volatile, and the fumes are inhaled to alter mood. The term "Inhalant Abuse" was coined to describe the use of these volatile substances for the purpose of intoxication.

Today, these so-called "sniffers" comprise a small, yet significant, part of the substance-abuse problem in America. The use of inhalants increased in the 1970's and has decreased slightly in the 1980's. However, it appears that their use has increased among ethnic minorities and lower socioeconomic groups. They are likely to be young adolescents, with a 3-to-1 ratio of males to females.

The Substances

Most of these inhalants are volatile hydrocarbons: They are gases at room temperature or turn to gas when exposed to air. They are usually fast drying glues and cements, paints, lacquers and varnishes, as well as thinners and removers, lighter and dry cleaning fluids, kerosene, gasoline, nail polish remover, and various aerosols. The active chemicals include toluene, benzene, acetone, naphtha, cyclohexane, carbon tetrachloride, chloroform, ethyl ether, various alcohols, ketones, acetates. Some of the more recent additions to this list include nitrous oxide, freon, and butyl nitrate.

Method of Use

Inhalation is one of the most rapid methods of introducing a drug into the brain. The product is sniffed directly in the lungs either from the container or after placing it in a paper bag, or in the case of a pressurized gas, it may be introduced into a balloon before inhaling.

Reason for Use

As with most drugs of abuse, inhalants are consumed due to their effects on brain functioning. While their pharmacology is poorly understood and varies as to the chemical involved, they produce an increased sense of well-being, a reduction of inhibitions, and an elevated mood. Many of the effects are similar to that of alcohol. Higher doses produce laughing and giddiness, as well as time and space distortions.

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Dangers

The use of these solvents often produces confusion, drunkenness, slurred speech, numbness, and muscular incoordination. In higher doses, a general sedative-anesthetic effect takes over and drowsiness, stupor, respiratory depression, and unconsciousness may occur. Suffocation may result when the user faints and the mouth remains covered by a bag. Reports of "Sudden Sniffing Death" (SSD) have occured that probably results from cardiac arrhythmias. Long-term use may damage physical and intellectual functioning. With so many varying products on the market, prediction of long-term effects is almost impossible.

Dennis F. Moore, Pharm. D.
Woodhill Treatment Center
Asheville, North Carolina

Should you need special assistance, call your regional ADD consultant. Early identification and intervention is critical with these substances to prevent permanent damage.

Ad Bulletin

Alcohol and Drug Defense Program

North Carolina Department of Public Instruction

Legal Information for School Personnel Regarding Student Alcohol or Drug Use

During the course of the school year it is very likely that school personnel will encounter students who are using alcohol and drugs. In spite of the likelihood of such events, there generally is little advance planning on how these issues will be handled. Decisions about the consequences of alcohol and drug use by students often are arbitrary and inconsistent.

This is unfortunate. Current laws provide schools with enough flexibility to develop sound, consistent methods for dealing with student alcohol and drug use. The following information will attempt to give school personnel some guidelines. It should not be taken as strict legal advice, but as advisory in nature. The law is rapidly changing and if there is *any question* about the legalities involved in a particular case, the school attorney should be consulted.

THE SCHOOL'S PRIMARY ROLE IN ALCOHOL AND DRUG SITUATIONS

First and most important, the school is to protect the health, safety, and well-being of students and staff. This concern must be balanced against the school's responsibility to protect property and see that the educational process continues.

Schools can be more efficient in carrying out these roles if they develop policies and procedures for addressing alcohol and drug use. The importance of developing clearly written administrative guidelines *can not be overemphasized.* Guidelines protect both the student and the school.

THE SCHOOL STAFF'S PART IN ALCOHOL AND DRUG SITUATIONS

Professional school staff operate under the concept of *in loco parentis.* They are, in effect, "parents" during the school day and have rights and responsibilities similar to those of parents. This allows school administrators and teachers broad flexibility when taking action to protect and educate students.

School staff, particularly teachers are in an excellent position to help students with alcohol and drug problems. They have the opportunity to observe student behavior on a day-to-day basis and can observe behaviors that may warrant intervention. Often, because they are unclear about how to proceed, teachers may choose to ignore symptomatic behavior. This again points out the importance of a set of formal procedures and guidelines for dealing with alcohol and drugs.

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CONDUCTING SEARCHES

Locker Searches

It should be made clear that searches are not a cure-all and in no way should they be used exclusively as a school's method of dealing with its alcohol and drug problem. Searches however can be a useful part of a school's comprehensive drug policy, and the concept of *in loco parentis* gives school personnel much more freedom to conduct searches than law enforcement has. When searches are to protect the health and welfare of students and the educational process, they may be conducted based on less evidence than is required by police.

Locker searches are, legally, the safest method of conducting searches. Lockers are school property and the school has an obligation to insure that they are used properly. Before conducting locker searches, a school should have a written locker policy which addresses when seaches may be conducted, who may conduct them, and what disciplinary actions will be taken. It should be stated clearly in the policy that the searches are conducted under the doctrine of *in loco parentis*. To avoid problems, the policy should be communicated to parents and students at the beginning of the school year. Schools should be particularly careful when involving law enforcement officials because of the more stringent requirements that bind them.

Individual Searches

Searching individual students requires more evidence than locker searches. Probable cause is a legal term used to describe the amount of evidence necessary before police can conduct a search and seizure. School personnel *are not bound by probable cause*. They need only have *reasonable suspicion, or reasonable cause* to initiate in-house searches. Operating under the doctrine of *in loco parentis* school officials have broad flexibility in searches.

However, personal searches should only be conducted if there is reasonable suspicion that a student is concealing something that breaks a law or school rule. The *suspicion should be specific to the student being searched.* Permission to search should be requested before commencing an involuntary search. All searches should be conducted in the presence of another staff member. Again, *the primary purpose for the search should be the protection of the health and safety* of students, faculty, school property and the educational process.

SUMMARY

By developing formal written policies and procedures to deal with alcohol and drug use, and by framing all actions within the framework of *in loco parentis*, local school personnel are protecting Fourth Amendment rights of students. They are also protecting themselves against the threat of civil rights suits. If you have questions about your current policies and procedures for dealing with student drug use please contact your Regional ADD consultant for assistance.

Add Bulletin

Alcohol and Drug Defense Program

North Carolina Department of Public Instruction

LSD

Due to the continued availability of LSD to school aged children, the ADD Program is issuing a special bulletin on this day. The article that follows was written by the State Bureau of Investigation.

LSD is one of the most powerful of the hallucinogenic drugs. Hallucinogenic drugs, both natural and synthetic, are substances that distort the perception of objective reality. LSD is an abbreviation for Lysergic Acid Diethylamide. It is produced from Lysergic Acid, a substance derived from the ergot fungus which grows on rye or from lysergic acid amide, a chemical found in morning glory seeds. It was first synthesized in 1938 and for a period of years was used as a tool of research to study the mechanism of mental illness. During the 1960's, LSD was adopted by the drug culture and the illegal production of the drug was carried on in clandestine laboratories with no quality controls. It is usually sold in the form of tablets or impregnated paper ("blotter acid"). The average oral dose is 50 to 200 micrograms (a quantity no larger than the point of a pin), however the amount per dosage unit varies greatly due to the poor laboratory controls under which it is made.

In the 1970's the use of LSD declined in North Carolina. It is now on the increase in North Carolina and across the United States. This is an alarming fact because LSD is the most dangerous hallucinogenic drug sold on the streets. Physical reactions may include dilated pupils, lowered temperature, nausea, "goose bumps", profuse perspiration, increased blood sugar, and rapid heart beat. During the first hour after ingestion, the user may experience visual changes followed by extreme changes in mood. In the hallucinatory state, the user may suffer loss of depth and time perception accompanied by distortions with respect to size of objects, movements, color, spatial arrangement, sound, touch, and his own "body image". During this period, the user's ability to perceive objects through the senses, to make sensible judgements, and to see common dangers is lessened and distorted thus making the user more susceptible to personal injury and to injurying others accidentally.

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After the effects of the LSD have worn off (8-12 hrs), the user may suffer acute anxiety or depression for a variable period of time. Recurrence of hallucinations have been reported days, or months, after the last dose. Psychoses, both short and long-range, have followed the use of LSD for some.

The main type of LSD we are seeing in North Carolina is "blotter acid". This is found in small pieces of paper (.5 to 1 cm) that usually contain some type of design such as stars, moon, swamp scenes, or cartoon characters. In pill form, LSD is usually very small (about the size of a saccharine tablet or smaller) and brightly colored. It is usually referred to as acid blotter, microdots, or by the design on the paper, i.e.: moon and star acid, swamp acid, musical notes acid.

In addition to the extreme potential for physical and mental harm that users are being exposed to, they are also taking a chance with their freedom and future career aspirations. In North Carolina possession of any amount of LSD is a felony punishable by up to five years in prison. Conviction of a felony prohibits an individual from exercising his/her right to vote and from pursuing many careers.

C. J. Overton, III
N.C. State Bureau of Investigation

Although the ADD Program has not had any direct contacts concerning problems with student use of LSD, we are aware that use by school aged children is increasing and that parents, faculty and students need to be alerted to the dangers of this drug. Call us if you need special help with this problem!

Add Bulletin

Alcohol and Drug Defense Program

North Carolina Department of Public Instruction

Marijuana

Marijuana use by school aged young people in North Carolina is continuing at very high rates. The use of any psychoactive drug by an adolescent is cause for concern. During the past few years, research has resulted in renewed emphasis to prevent the use of this drug. The following information provides you with factual information about "the weed."

CANNABIS SATIVA L, the hemp plant, has been known to man for nearly 5,000 years. Its fibers have been used to manufacture twine, rope, bags, clothing, and paper. The sterilized seeds are used in various seed mixtures, particularly for bird seed. The common name for cannabis sativa L is marijuana or marihuana.

The term marijuana is used in this country to refer to the cannabis plant or to any part of it that produces somatic or psychic changes in man. Marijuana is a tobacco-like substance produced by drying the leaves and flowering tops of the plant. Delta-9-tetrahydrocannabinol (THC) is the cannabinoid believed to be responsible for most of its characteristic psychoactive effects. Because of the low THC content in North Carolina marijuana, consumers have traditionally preferred South American, Mexican and Jamaican marijuana. This is no longer true! Selective North Carolina breeding and refined cultivation have lead to very high levels of THC in marijuana. A by-product of marijuana is hashish, which consists of the THC-rich resinous secretions of the cannabis plant that are collected, dried, and then compressed into a variety of forms. Hashish is usually brown colored and resembles a flat stone. The texture may be crumbly or hard depending on the strength of the resin and the binder used to produce the product. Hashish has significantly higher THC content than does marijuana. It is usually smoked in a pipe.

Marijuana is usually smoked in loosely rolled cigarettes (joints). A marijuana cigarette is often rolled in double thick commercially made "rolling papers" with the paper twisted or tucked in on both ends. Marijuana can also be smoked in regular or special water pipes.

The effects of smoking marijuana are felt within minutes, reach their peak in 10 to 30 minutes, and may linger for two or three hours. Low doses tend to induce restlessness and an increased sense of well-being followed by a state of relaxation and frequently a craving for sweets. High doses may result in image distortion, a loss of personal identity, and fantasies and hallucinations. Very high doses may result in a toxic psychosis. Psychotic reactions occur most frequently in individuals who are under stress, anxious, or depressed, and in normal users who inadvertently take more than their usual dose.

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There exist a great deal of controversy about the effects of chronic use of cannabis on brain functioning. There is evidence that chronic use can lead to lasting behavioral changes in some users. Apathy, lack of concern for the future, and loss of motivation have been described in some chronic users, and psychotic and paranoid symptoms in others. These symptoms usually gradually disappear when regular use is discontinued and recur when use is resumed. Many health care professionals are concerned about such reactions in young drug users. Regular use by young adolescents may produce adverse effects on psychological and physical development. Although research is inconclusive, chronic use also seems to cause respiratory problems similar to those caused by tobacco.

It is difficult to recognize a user of marijuana. In the early stages of the **drug's effect,** when the drug acts as a stimulant, the user may be very animated and appear almost hysterical. Loud and rapid talking with great bursts of laughter are common. In the later stages of the drug's effect, the user may seem sleepy or in a stupor. The use of marijuana may be detected by an odor which is similar to that of burnt rope. Marijuana use often occurs in a group situation. Because of the rapid burning of the cigarette, it is generally passed after one or two inhalations to another person. The smoke is deeply inhaled and held in the lungs as long as possible. The cigarette is often cupped in the palms of both hands when inhaling to save all the smoke possible.

In North Carolina, possession of in excess of one and a half ounce of marijuana is a felony punishable by up to five years imprisonment. Possession of in excess of one-half ounce is a misdemeanor punishable by imprisonment of not more than 30 days or a fine of not more that $100 or both.

Supervisor C.J. Overton, III
N.C. State Bureau of Investigation

Although the indicators of marijuana use are often difficult to detect, school officials should be sensitive to a combination of symptoms that include **red eyes, erratic or unusual behavior, and falling grades.** If you become concerned about a student, make a referral to the guidance office. Drug use doesn't just go away. We need to intervene. Your early identification and referral of a student could make the difference in a life. Call ADD if you need help!

Add Bulletin

Alcohol and Drug Defense Program

North Carolina Department of Public Instruction

Nicotine/Cigarettes

"Cigarette smoking is dangerous to your health"

This warning label on each cigarette pack states clearly that the results are in from tobacco research. The U.S. Surgeon General's Report of 1982 states smoking tobacco is probably the most physically damaging and addictive habit endangering the health of 54 million American smokers. One out of six smokers will die of cardiovascular diseases, chronic bronchitis and emphysema, or cancer of the lungs, larynx, mouth or esophogus. Nicotine (whether in the form of cigarettes, snuff or chewing tobacco) is a powerful drug, just as addictive as heroin but of far greater public health impact.

When a smoker inhales a cigarette, the nicotine stimulates the brain and central nervous system causing a feeling of relaxation. Physiologically, nicotine raises the blood pressure and increases heart rate. Nicotine also slows digestion, curbs appetite, lowers skin temperature and reduces blood circulation in the legs and arms.

Nicotine is just one of the chemicals in tobacco. Several thousand chemicals such as cadmium, benzene, ammonia, formaldehyde, hydrogen, and sulphide make up the smoke and "tar" in a cigarette. In addition, each cigarette contains a heavy dose of poisonous carbon monoxide. Carbon monoxide (CO), which makes up about four percent of the smoke of a cigarette, displaces a large amount of oxygen in red cells and forms carboxyhemoglobin (COHb). The average smoker has from 2.5 to 13.5 percent more COHb in the blood than non-smokers. While nicotine causes the heart to pump harder, COHb deprives it of the extra oxygen needed. Carbon monoxide also promotes cholesterol deposits in arteries, impairs vision and judgment and reduces attentiveness to sounds. Because it impairs vision and judgment, CO is dangerous to drivers, reduces athletic performance and is hazardous to flight crews.

The smoker is not the only one affected by cigarette smoke. Two-thirds of the smoke from cigarettes, pipes and cigars goes into the environment. Non-smokers are subjected to sidestream smoke which goes directly in the air. Sidestream smoke has higher concentrations of noxious compounds than mainstream smoke inhaled by the smoker.

There is twice as much tar and nicotine in sidestream smoke, three times as much 3-4 benzpyrene (a carcinogenic compound), five times as much carbon monoxide, and fifty times as much ammonia. Research is still being done on the effects of sidestream smoke, but conclusive evidence shows that young children inhale two to three times more of a pollutant per body weight than adults. Bronchitis and pneumonia appear to be more prevalent among children with a smoking parent. Asthma and allergies are triggered by smoke. Studies of non-smokers exposed to tobacco smoke for many years showed lung damage.

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More teenagers are using smokeless tobacco. Many are unaware of the health hazards. Leukoplakia, leather white patches inside the mouth, are the result of direct contact with tobacco juice. Approximately five percent of diagnosed cases develop into oral cancer. The sense of taste and smell are affected. Problems such as receding gums, tooth decay, tooth discoloration and bad breath are related to oral tobacco use.

Young people between 12-18 years of age are most likely to begin smoking. Since 1979 there has been a decline in the percentage of teen smokers from 25 percent to 12 percent. However, the number of female smokers has increased to equal the number of male smokers.

Women who use oral contraceptives and smoke have a considerably higher risk of strokes, heart attacks and blood clots in their legs. Maternal smoking also increases the risk of spontaneous abortion, of fetal death and neonatal death in otherwise normal infants. Babies born to smoking mothers are usually smaller at birth and show deficiencies in physical, intellectual and emotional growth.

Once a young person begins to smoke, future choices are made less freely because smoking is addictive. Research by the National Institute on Drug Abuse shows that the child who smokes:

- is academically less successful than peers;
- has one or both parents who smoke as well as an older sibling and/or friend who smoke;
- perceives smoking as not harmful.

Successful tobacco prevention programs for youth begin in elementary school; have good information about tobacco use; and involve parents and other adults "modeling" non-using behaviors.

The ADD Program can assist in developing tobacco programs in your school.

Add Bulletin

Alcohol and Drug Defense Program

North Carolina Department of Public Instruction

Steroids

Anabolic steroids are various synthetic derivatives of testosterone of the male hormone. The drug has been used to stimulate a build up of the body by synthesizing protein for muscle growth and tissue repair. It is used primarily for those recovering from major surgery or those with chronic debilitating diseases. Today there are numerous anabolic agents. Three of the most commonly used are Anadrol, Dela-Durabolin and Anavar. There is also a substance called growth hormone, which is extracted from the pituitary glands of human cadavers and is now also available in synthetic form.

Steroid use appears to be rapidly increasing among high school athletes. Steroid use is also growing among young boys as a way of dealing with self-doubt about their masculinity.

There are psychological side effects from steroid use. Steroids are sometimes addictive, producing a sense of supersized manhood that can only be monitored through continued or increased use.

None of the anabolic steroids are to be dispensed without a physician's prescription, but large quantities are available on the black market. In some instances, coaches dispense steroids to players. Players sell them to other players. Some doctors and pharmacists freely prescribe or dispense them to athletes. Owners of some bodybuilding and weightlifting gyms and hangers-on at such places may peddle them.

Athletes in almost every sport use illegal anabolic steroids. Powerlifting and bodybuilding sports are best known for steroid use, but they are also used in track and field, swimming, boxing, wrestling and cycling. Some National Football League players estimate that about ninety percent of their peers use steroids.

Anabolic steroids upset the normal hormonal balance, causing the body to produce excess testosterone (male hormones).

The body compensates by:

1. Reducing the amount of testosterone and perhaps other hormones during the period of steroid use.
2. Regulating hormonal levels by overworking the liver to remove the excess testosterone from the body. Other complications include, stunting natural growth, possible cancer, increase in blood pressure, testicular atrophy, prostrate blockage, gastrointestinal bleeding, nausea, headaches and low sperm count.

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Females are susceptible to increased male hormone level and change in body characteristics from use of the drug: body hair, lowered voice, menstrual irregularities and abnormalities in genital areas.

The competition is so fierce in all levels of sports that athletes feel they must take great risks to get the edge. Young teenage users who think that anabolic steroids will enhance their performance are unaware of the health risks that anabolic steroid use imposes. For some, the only thing that matters is, "Will I get caught?" Those who get caught will be lucky, especially those caught early enough to prevent irreparable damage.